

<p style="text-align: center;"><b>CHANGE OF CORRESPONDENCE ADDRESS Application</b></p> <p>Address to: Assistant Commissioner for Patents Washington, D.C. 20231</p>	<b>Application Number</b>	10/789 004
	<b>Filing Date</b>	27 February 2004
	<b>First Named Inventor</b>	VONA, Samuel A. Jr.
	<b>Group Art Unit</b>	1616
	<b>Examiner Name</b>	UNKNOWN
	<b>Attorney Docket Number</b>	3045.PC

Please change the Correspondence Address for the above-identified application to:

☒ **Customer Number**      35157      →

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**OR**

☐ **Firm or Individual Name**      David P. LeCroy

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**Address**      Post Office Box 6500

**City**      Bridgewater      **State**      NJ      **ZIP**      08807

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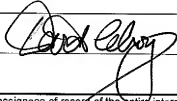
☐ Applicant/Inventor.

☐ Assignee of record of the entire interest.  
Certificate under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ Attorney or agent of record.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

**Typed or Printed Name**      David P. LeCroy

**Signature**      

**Date**      19 January 2006

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.